

MASSACHUSETTS COMMONWEALTH QUALITY PROGRAM

Chain-of-Custody Checklist

FORESTRY			
Business Name:		Applicant Name:	
Address:		Applicant Job Title:	
Phone:		Date of Application:	
Fax: A		Applying As (Check All That Apply): ☐ Harvester	
Email:		□ Primary Manufacturer □ Secondary Manufacturer □ Reseller	
Licensing Requested for the Following Product(s) or Product Line(s):			
HARVESTER			
	Item	RVESTER	Notes
	Copy of program participant's current (and past, where applicable) timber harvester license.		
	Approved Chapter 132 cutting plans that specifically indicate harvests done for CQP classify as long-term and were not done for conversion to non-forest or non-agriculture land use. Cutting plans also must indicate the forest and/or wood products were harvested within Massachusetts.		
	Signed Commonwealth Quality "Requirements/General Standards" certification statement.		
PRIMARY / SECONDARY MANUFACTURERS			
	ltem		Notes
	Copy of all aforementioned documentation (to be provided by harvester).		
	Documentation that certifies the facility or facilities processing CQP forest and/or wood products is/are located within Massachusetts.		
	Documentation that certifies the facility or facilities processing CQP forest and/or wood products is/are in compliance with all known federal and state safety regulations, and has/have not incurred any violation within the last year.		
	Documented process for labeling and separating CQP forest and/or wood products used for manufacture from similar products sourced outside of Massachusetts.		
	Signed Commonwealth Quality "Manufacturers/Sales Entities" product certification statement.		
RETAILER Notes			
	Item Signed Commonwealth Quality "Manufacturers/Sales Entities" product certifica statement.	tion	Notes

All groups are subject to random, third-party audits by the Department of Agricultural Resources ("Department") an inspector appointed by the Department.